



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ahmed Khalifa, M.D.

Respondent Name

TASB Risk Management Fund

MFDR Tracking Number

M4-16-3743-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

August 18, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION/PARTIAL PAY"

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Payment of \$350.00 was made for the MMI examination... Payment of \$300.00 was made for the Impairment Rating to the spine/torso body area, which includes the abdominal wall, as indicated on the DWC 32. We actually overpaid for this portion based on the selection of the Spine and Torso musculoskeletal body area. We should have asked for the non-musculoskeletal body area to be rated as this is for an umbilical hernia diagnosis and reimburses at \$150.00... The provider did testing to the lower extremity body area. It was not requested on the DWC-32, is not related, and was not paid... Maximum payment of \$500.00 was made for Extent of Injury."

Response Submitted by: TASB Risk Management Fund

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 22, 2016	Designated Doctor Examination	\$300.00	\$150.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers' compensation jurisdictional fee schedule adjustment.

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W3 – Additional payment made on appeal reconsideration.
- Note: “Rule 134.804(a) Services reviewed for reconsideration. Additional payment made or service adjustment amount may be zero.”
- Note: “Maintaining original payment, compensable injury is a umbilical hernia only. Per rule 127.10 carrier shall reimburse IR for compensable injury only. Additional ROM performed was done for areas not related to injury.”

Issues

1. What are the services considered in this dispute?
2. What is the maximum allowable reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor included the following services on the Medical Fee Dispute Resolution Request: Procedure codes 99456-W5-WP, 99456-W5-MI, and 99456-W6-RE. The requestor is seeking \$0.00 for procedure codes 99456-W5-MI and 99456-W6-RE. Therefore, these services will not be considered for this dispute.

The requestor is seeking additional reimbursement of \$300.00 for procedure code 99456-W5-WP, representing the examination to determine maximum medical improvement and impairment rating. This is the procedure that will be considered for the dispute in question.

2. Per 28 Texas Administrative Code §134.204(j)(3), “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that the requestor performed an evaluation of Maximum Medical Improvement. Therefore, the correct MAR for this examination is \$350.00.

The insurance carrier’s position included placing the spine and soft tissue of the torso in the same body area based on the Request for Designated Doctor Examination (DWC032). The division notes that page 2 of the DWC032 places these body areas into the same category, but the purpose of this table is designated doctor selection, as noted at the beginning of Section VI, and does not reflect billing or reimbursement. Billing and reimbursement for impairment is determined by 28 Texas Administrative Code §134.204(j)(4), which states that:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and,
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows.
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area.
- (D) ...
 - (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and,
 - (III) mental and behavioral disorders.
 - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
 - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of the lumbar spine; ventral umbilical hernia; and “other” areas, which include liver, gall bladder, adrenal gland [and] kidney. Submitted documentation finds that the requestor determined the impairment ratings for the ventral umbilical hernia and “other” areas by consulting Chapter 10 of the AMA Guides, which is the chapter for the digestive system. Therefore, the correct MAR for this examination is \$450.00.

The total MAR for the disputed services is calculated as follows:

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Lumbar Spine (ROM)	Musculoskeletal	Spine/Pelvis	\$300.00
IR: Ventral Umbilical Hernia	Digestive System	Body Systems	\$150.00
IR: "Other" - Liver, Gall Bladder, Adrenal Gland, Kidney			
Total MMI			\$350.00
Total IR			\$450.00
Total Exam			\$800.00

- The total MAR for the disputed services is \$800.00. The insurance carrier paid \$650.00. An additional reimbursement of \$150.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$150.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	Laurie Garnes	September 28, 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.